



1Fw 2836

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-------------------|
| | | Application Number | 09/730,689 |
| | | Filing Date | DECEMBER 6, 2000 |
| | | First Named Inventor | BERSIEK |
| | | Group Art Unit | 2836 |
| | | Examiner Name | DEBERADINIS, R.L. |
| Total Number of Pages in This Submission | 16 | Attorney Docket Number | D-2872CIP |

ENCLOSURES (check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of _____ CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------------|---|
| Firm or Individual Name | Frank J. Uxa Registration No. 25,612 |
| Signature | |
| Date | 4/25/05 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|--------------|------|---------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | JANET MCGHEE | | |
| Signature | | Date | 4/25/05 |

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FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☒ Application claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225.

Complete if Known

| | |
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| First Named Inventor | BERSIEK |
| Examiner Name | DEBERADINIS, R.L. |
| Art Unit | 2836 |
| Attorney Docket No. | D-2872CIP |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number 21-0890 Deposit Account Name FRANK J. UXA

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) associated with this communication ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| Subtotal (1) | | | | | | | 0 |

2. EXCESS CLAIM FEES

| Fee Description | | | | Small Entity | |
|---|--------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | 200 | 100 |
| Multiple Dependent Claims | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
| _____ -20 or HP = _____ x _____ | | | | Fee (\$) | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | _____ | _____ |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
| _____ -3 or HP = _____ X _____ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | |
| | | | | Subtotal (2) | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--|--------------|--|----------|---------------|
| -100 = _____ /50= _____ (round up to a whole number) | | | | |
| Subtotal (3) | | | | |

4. OTHER FEE(S)

| | |
|--|------------|
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) | |
| <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) | |
| <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) | |
| <input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) | 225 |
| <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) | |
| <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) | |
| <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) | |
| <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) | |
| <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) | |
| <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) | |
| <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) | |
| <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) | |
| <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) | |
| <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) | |
| <input type="checkbox"/> Other: _____ | |
| Subtotal (4) | 225 |

SUBMITTED BY

| | | | | | |
|-------------------|--------------|-----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | FRANK J. UXA | Registration No. (Attorney/Agent) | 25,612 | Telephone | 949-450-1750 |
| Signature | | | | Date | 4/25/05 |